PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09/722936

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			46				F	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		ВА	SIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			4-6 minus 20=		.96		\	(\$ 9=	234	OR	X\$18=	
INDEPENDENT CLAIMS			→ minus 3 =		* (7	X40=	40	OR	X80=	!
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT				+	135=		OR	+270=	
* If	the difference	in column 1 is	less than ze	ro, ente	r "0" in c	"0" in column 2		OTAL	625	OR	TOTAL	
	С	LAIMS AS A (Column 1)	(Colu	(Column 2) (Column 3)			MALL E	ENTITY	OR	OTHER SMALL I		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	IBER OUSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	>	(\$ 9=		OR	X\$18=	
	Independent	* NTATION OF M	Minus	***	T CL AIM	=		< 40=		OR	X80=	
<u> </u>	rinoi rheoe	MIATION OF W	OLTIPLE DEP	ENDEN	CLAIN		+	135=		OR	+270=	
							A-D-	TOTAL		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)	ADL	DIT. FEE			ADDII. FEEI	<u> </u>
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI		PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	×	(\$ 9=		OR	X\$18=	
	Independent	NTATION OF M	Minus	***	T CL AINA	=	\	(40=		OR	X80=	
<u> </u>	rino i Frese	NTATION OF M	OLIIPLE DEF	ENDEN	CLAIIVI		+	135=		OR	+270=	
								TOTAL IT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu		(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	IBER OUSLY	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X	\$ 9=	•	OR	X\$18=	
	Independent	*	Minus	***		=	×	(40=		OR	X80=	
<u> </u>	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDEN	CLAIM		+	135=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT. FEE	
		mber Previously Pa iber Previously Pa					found i	n the app	ropriate box	in col	lumn 1.	